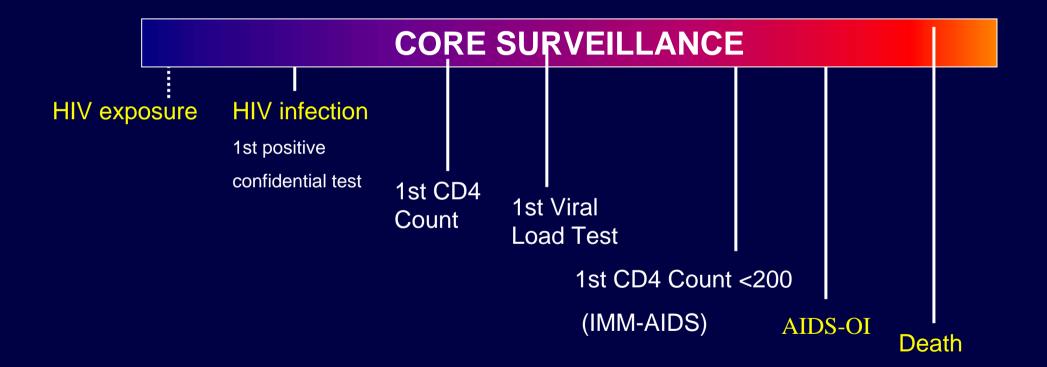
# Trends in the Perinatal HIV Epidemic in the U.S. - Updates from Routine and Enhanced Surveillance

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2002 Perinatal HIV Prevention Grantees Meeting February 13-14, 2002; Atlanta, GA



### Reporting the Spectrum of HIV/AIDS Morbidity and Mortality





#### Perinatal Surveillance Objectives

- Characterize recent trends in perinatal HIV/AIDS
- Assess implementation and impact of PHS perinatal prevention guidelines
- Assess resource needs for prevention and care
- Assess missed opportunities for prevention
- Targeting and evaluating prevention efforts



#### Reporting of HIV-Exposed Infants

- CDC Recommendation MMWR 1999;48(No. RR-13)
- CSTE
- American Academy of Pediatrics
   Policy Statement in 1998
- Congress



### Methods: Data Collected Through Routine Perinatal HIV Surveillance

- Maternal HIV status
- Timing and number of PNC visits
- Receipt of antiretroviral therapy
- Type of delivery
- Birth defects in infant

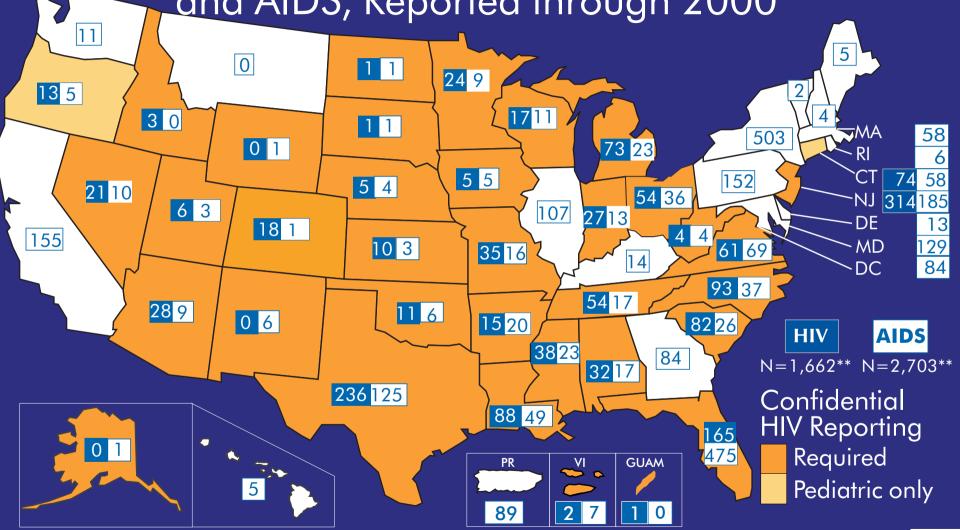


### Pediatric AIDS Cases Reported in 2000 N=196





Children < 13 Years of Age Living with HIV Infection\* and AIDS, Reported through 2000

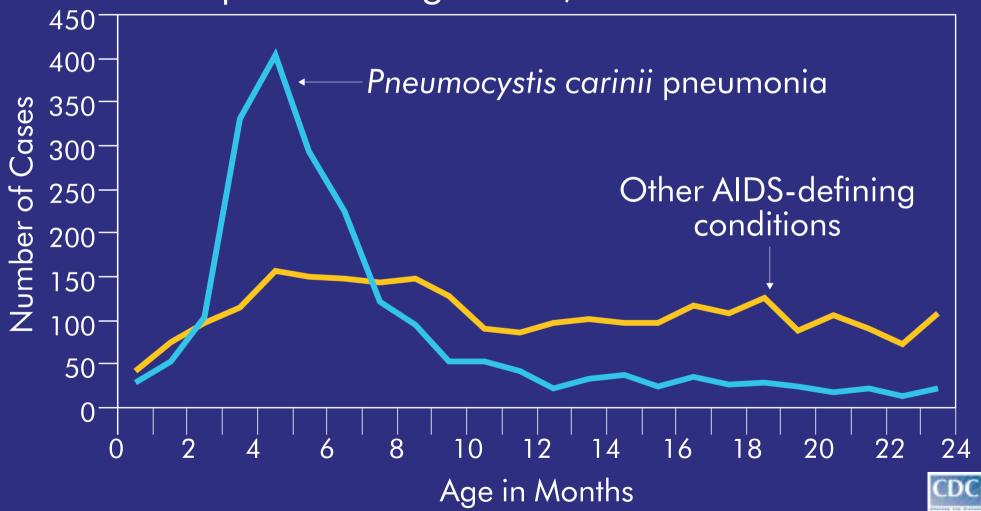


<sup>\*</sup> For areas with confidential HIV infection surveillance reported by patient name. Age based on current age as of December 2000.



<sup>\*\*</sup> Total includes cases missing state of residence data.

#### AIDS-Defining Conditions by Age at Diagnosis for Perinatally-Acquired AIDS Cases Reported through 2000, United States



#### Time of Maternal HIV Testing among Children Perinatally Exposed or Infected or with AIDS, Reported in 2000, **United States**

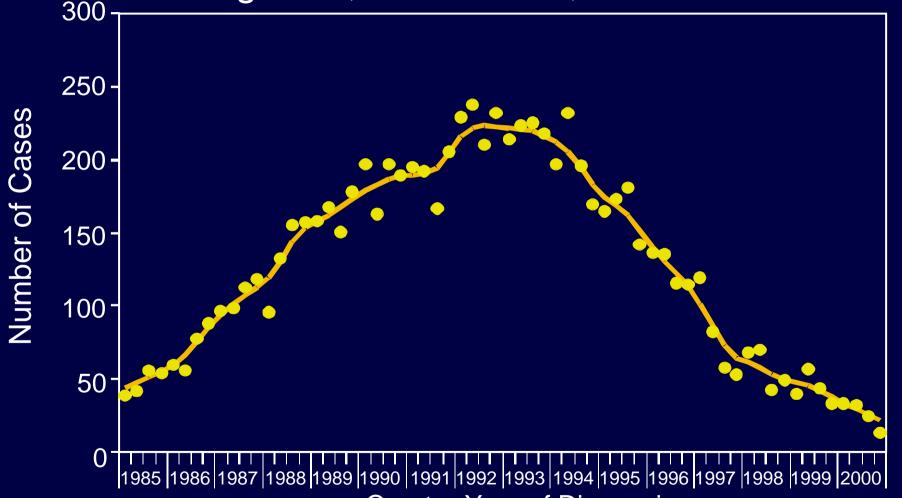
	Perinatally Acquired AIDS* N=177		HIV Exposed** N=3,325		HIV Infected** N=196	
Time of maternal HIV test	No.	%	No.	%	No.	%
Before or at birth	75	42	3,167	95	105	54
After birth	60	34	94	3	53	27
Unknown	42	24	64	2	38	19



<sup>\*</sup> Excludes 19 children with AIDS reported in 2000 whose HIV exposure category was unknown or other than perinatal

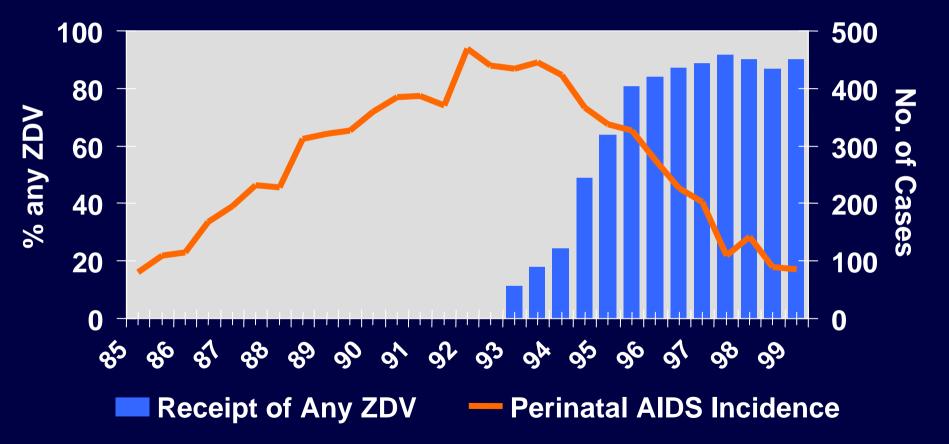
\*\* From 36 areas with confidential pediatric HIV infection surveillance

### Perinatally Acquired AIDS Cases by Quarter-Year of Diagnosis,\* 1985-2000, United States



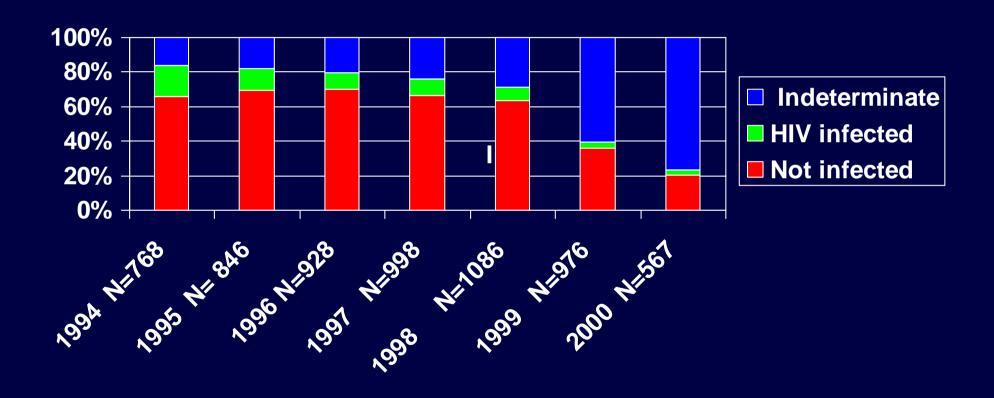
<sup>\*</sup>Adjusted for reporting delays and estimated proportional redistribution of cases initially reported without a risk data reported through December 2001

# Perinatally-Acquired AIDS by Half Year of Diagnosis: U.S. Receipt of Any ZDV (prenatal, intrapartum, neonatal) among HIV+ Women Tested before/at Birth: 32 HIV reporting states





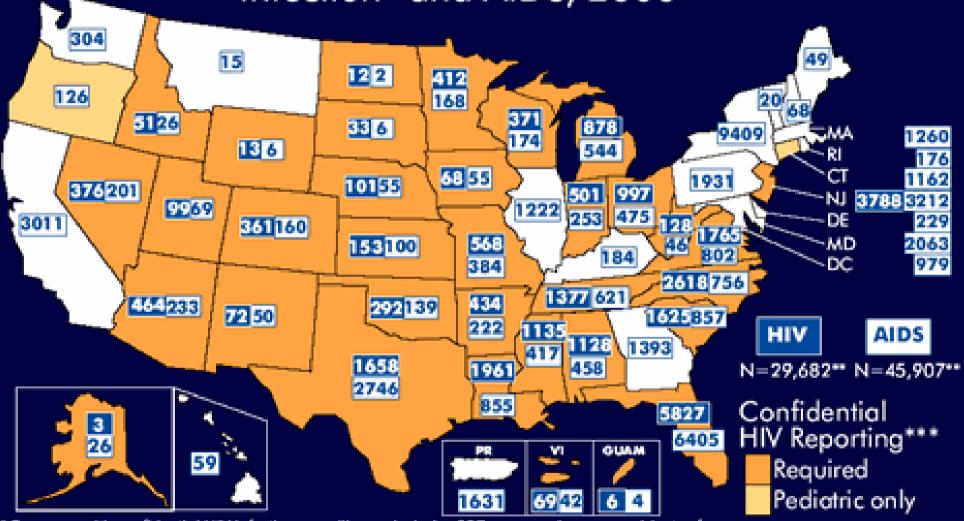
### Perinatal HIV infection rates by birth year: infants with 1<sup>st</sup> HIV evaluation < 2 months\*



<sup>\*</sup> States: 32 states with HIV infection reporting



#### Women 15-44 Years of Age Living with HIV Infection\* and AIDS, 2000



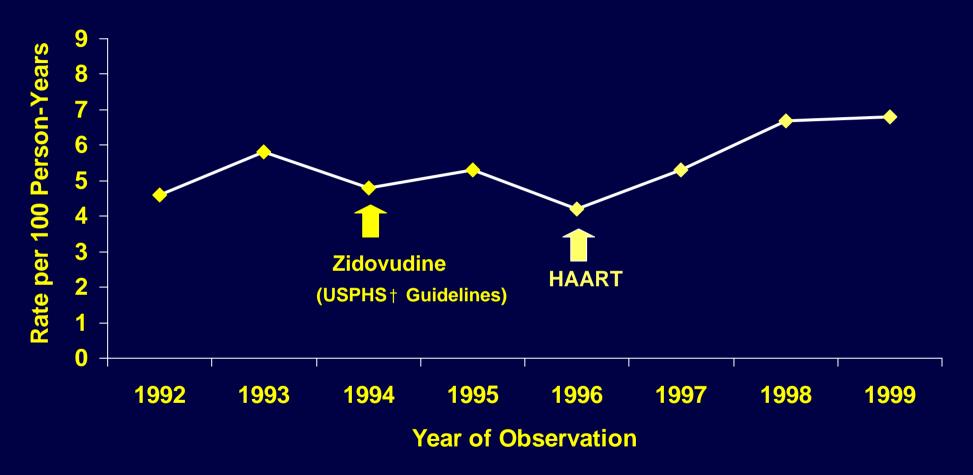
<sup>\*</sup> For areas with confidential HIV infection surveillance. Includes 297 women who were residents of areas without HIV infection surveillance but who were reported by areas with HIV infection surveillance.



<sup>\*\*</sup>Totals include cases missing state of residence data.

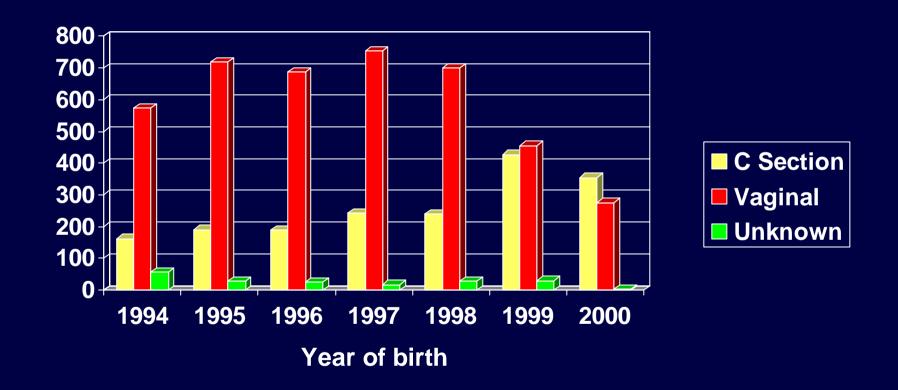
<sup>\*\*\*</sup>HIV cases reported by patient name

#### Pregnancy Rates\* Among HIV-Infected Women in Adult/Adolescent Spectrum of HIV Disease Project, 1992-1999





### Type of Delivery by Birth Year, 1994–2000, 27 states with Named HIV Reporting Since 1994

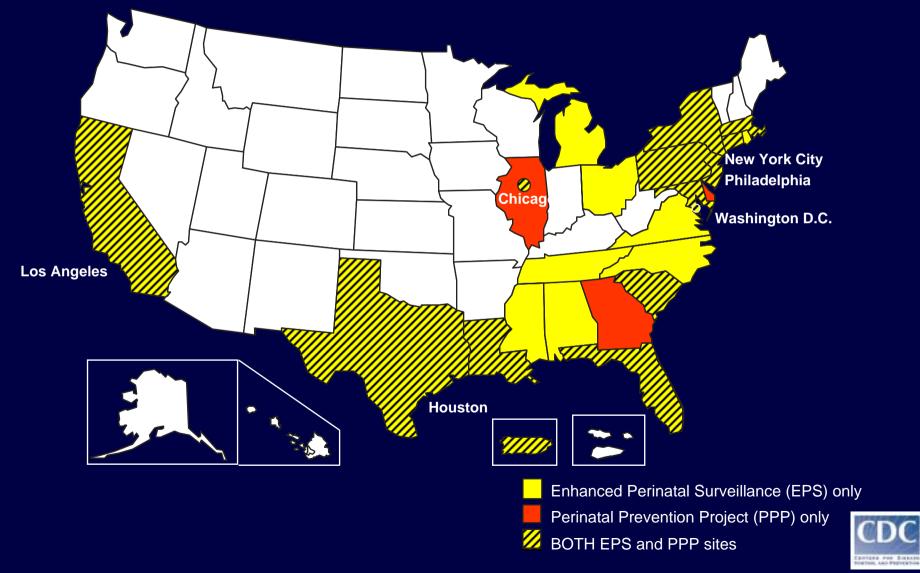




## Enhanced Perinatal Surveillance – An Update



### Project Sites: Enhanced Perinatal HIV Surveillance and Perinatal HIV Prevention



#### Perinatal HIV Surveillance Methods

- Routine surveillance
  - Population-based case reporting
  - > HIV-exposure, HIV infection, and AIDS
- Enhanced Surveillance
  - Active Case Ascertainment
  - Multiple Sources of Data for Mother and Infant
  - **▶**Birth Cohorts: 1999, 2000, 2001, forward



#### Methods for Enhanced Perinatal Surveillance

- In States with Name-Based HIV Reporting
  - Population-based HIV-exposure data

- In States without Name-Based HIV Reporting
  - ► Facility-based IRB approved protocols
  - **▶** Collaboration with PSD, Medicaid, etc



#### Methods: Data Collected Through Enhanced Perinatal Surveillance (EPS)

- More data on timing and receipt of prenatal care, birth history, and combination ART
- Maternal and infant disease screening
- Maternal reproductive history
- Maternal drug use and STDs during pregnancy
- Rapid testing at delivery
- Antiretroviral resistance testing in infant
- Assessment of maternal and infant care

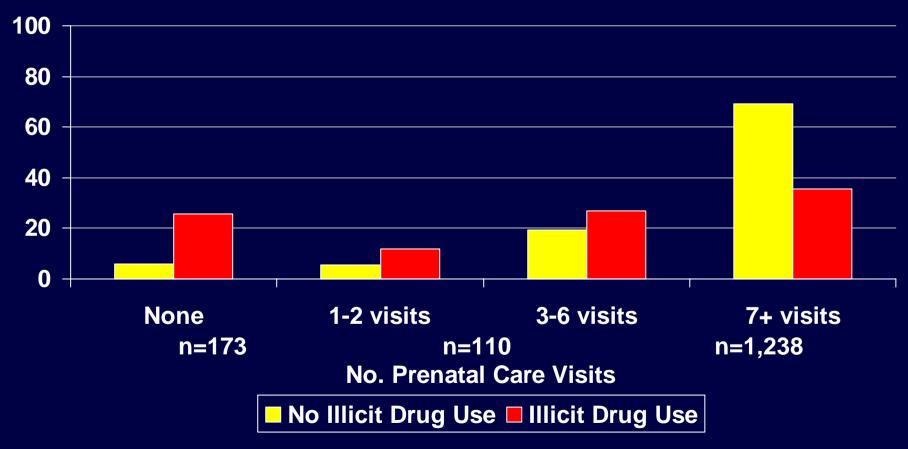


## Status of EPS Data Collection as of February 6, 2002

- EPS data abstraction completed on 1,879 HIV-exposed infants in 17 project areas; 1999-2001
- EPS data submitted from:
  - 13 of 16 project areas with named HIV reporting
  - 1 of 5 project areas with HIV reporting using a unique code
  - 3 of 4 project areas with no HIV reporting



## Prenatal Care Visits By Illicit Drug Use During Pregnancy Birth Years 1999-2001; Preliminary Data 16 of 25 EPS Project Areas



<sup>\* 164</sup> women with unknown number of PNC visits excluded from this table.



#### Maternal HIV testing by Birth Year

Preliminary Data; 16 of 25 EPS Project Areas

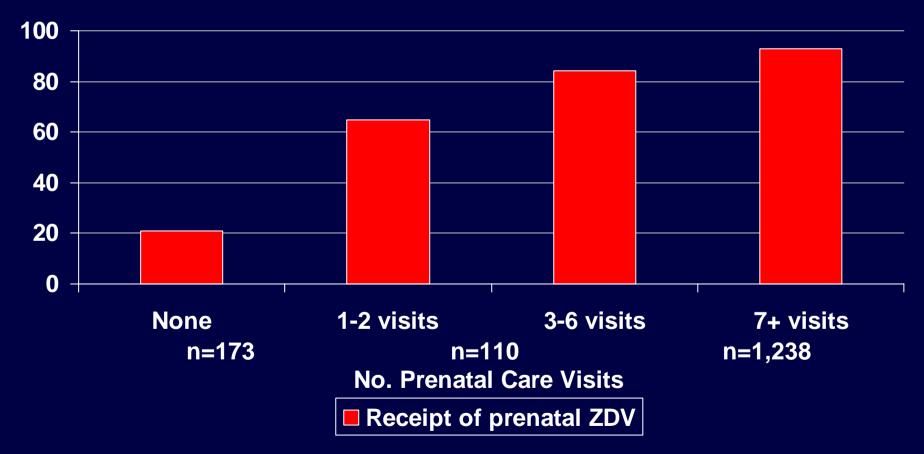
Dirth Voor

	<u>Birth Year</u>				
	1999	2000	2001		
	(N=770)	(N=524)	(N=108)		
Maternal HIV test *					
Before Birth	94%	90%	94%		
At Delivery	2%	5%	4%		
After Birth	4%	5%	3%		
Time unknown	1%	1%	<1%		



<sup>\*</sup> Mothers of 3 infants born in 1999, refused HIV testing

## Receipt of Prenatal ZDV By Number of Prenatal Care Visits, Birth Years 1999-2001; Preliminary Data 16 of 25 EPS Project Areas



<sup>\* 164</sup> women with unknown number of PNC visits excluded from this table.



## Receipt of Zidovudine for Prevention of HIV Infection, by Infant Birth Year

**Preliminary Data**; 16 of 25 EPS Project Areas

	Birth Year				
	1999	2000	2001		
<b>ZDV Component</b> *					
Prenatal	84%	80%	86%		
Intrapartum	79%	78%	81%		
Neonatal	93%	93%	96%		

<sup>\* 17</sup> mothers refused prenatal ZDV; 7 refused intrapartum ZDV; 2 refused neonatal ZDV



## Sexually Transmitted Diseases During Pregnancy Birth Years 1999-2001; Preliminary Data from 16 of 25 EPS Project Areas

Overall, 503 (30%) of mothers were diagnosed with at least one STD during pregnancy

- >77% of women had one STD, 18% had two and 6% had three or more STDs
- ➤ 42% of women had trichomonas, 41% chlamydia, 17% syphilis, 17% herpes, 13% gonorrhea, and 2% PID



## Documentation of Mother's HIV Status Birth Years 1999-2001; Preliminary Data from 16 of 25 EPS Project Areas

 Of mothers who received prenatal care, HIV status was documented in 90% of the prenatal care records.

- Mother's HIV status was documented in 92% of labor and delivery records.
- Mother's HIV status was documented in 93% of infant birth records.+



## An Example for Monitoring Prevention Failures 217 HIV-infected Children Born 1999-2001 Preliminary Data; 16 of 25 EPS Project Areas

- Prenatal Care
  - > 22% had none; 27% unknown
  - ▶ Of those who received care, 14% had <2 visits</p>
- Maternal HIV testing
  - 7% tested at delivery
  - 20% tested after delivery
- Antiretroviral therapy
  - Of mothers tested before delivery and who received prenatal care, 30% were not prescribed prenatal ZDV



## Enhanced Perinatal Surveillance Recent Publications

- Progress Towards Elimination of Perinatal HIV Infection – Michigan, 1993-2000
  - http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5105a1.htm
- Zidovudine and Perinatal HIV-1 Transmission: A Population-Based Approach (Data from SC); Due out April 2002 at www.pediatrics.org
- Successful Implementation of Perinatal HIV Prevention Guidelines: A Multistate Surveillance Evaluation
  - www.cdc.gov/mmwr/preview/mmwrhtml/rr5006a2.htm



#### **Preliminary EPS Data Show:**

 Many HIV+ women are still not receiving prenatal care, especially those using drugs

 Over 90% of HIV+ women who receive 7+ visits receive ZDV

 There are high levels of prenatal, intrapartum, and neonatal antiretroviral use for HIV+ women tested before the child's birth



#### Conclusions

- Many infants still perinatally exposed to HIV
  - women living longer with HIV
  - Evidence of increasing pregnancy rates among HIV+ women
- Surveillance data crucial for prevention planning and targeting of activities.
- Surveillance data contribute to assessing missed prevention opportunities.

